

MOTIVATIONS

TREATING & HEALING OUR *Youngest Athletes*

In the past 50 years, the popularity of professional sports has grown in the United States, and along with it, the number of adolescents who participate in organized sports. Specifically, the number of pre-teens participating in sports has grown very quickly. With this growth has come an increase in sports injuries, according to recent data compiled by the Cleveland Clinic. Forty percent of all pediatric injuries are sports related, with doctors treating an estimated 4.4 million children with athletic injuries annually.

“The increase in adolescent sports-related injuries has grown noticeably in recent years,” says Vishal Sarwahi, MD, Chief, Spine Deformity Surgery, the Children’s Hospital at Montefiore (CHAM) and Montefiore, Associate Professor, Orthopaedic Surgery, Einstein. “Young athletes are still spraining wrists and ankles, but there are also more severe accidents that happen, resulting in meniscal (knee), ligament and cartilage damage that we did not see with such frequency 10 or 15 years ago. Additionally, the age range of children we see with significant sports injuries is trending lower, with doctors seeing patients as young as 10 years old now.”

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Sports injuries are considered either micro traumas, caused by repetitive actions such as swinging a tennis racket or baseball bat, or macro traumas, the result of a single traumatic incident, such as being tackled awkwardly during a football game. Common parts of the body to sustain athletic injury are the elbows, knees and hips, where fractures, hyperextensions and dislocations are more likely to occur. Even if extensive damage is not caused during an initial injury, more severe damage can be caused over time by continued or repeated exposure to movements and contact. Some adolescent sports injuries can be attributed to “overuse,” or the result of playing sports for extended hours, especially in athletes who play just one sport. Club teams and traveling youth sport teams can practice and play 11 months a year with intensive practice and training four hours a day. Parents want to support their children if they show a particular interest in one specific sport or activity. Conventional wisdom would also say starting athletics at a

young age is positive and will lead to greater success over time. “Unfortunately, injuries sustained on the field or in the game are sometimes trivialized,” says Dr. Sarwahi. “Young athletes are asked or encouraged to ‘toughen up’ and ‘play through the pain.’ Such attitudes can often delay the healing process, turn a minor injury into a major one, and in extreme cases, result in a debilitating injury, ending sports careers altogether. Parents and coaches can initially misdiagnose an injury as something less serious, such as a muscle pull, allowing further activity to cause more damage.”

GROWTH PLATES

Of major concern to doctors treating adolescent sports injuries is damage to the growth plate, an area of growing tissue near the ends of the long bones in children that determines the future length and shape of the bone in adulthood. Each long bone in children’s bodies has at least two growth plates, one at each end.



Vishal Sarwahi, MD, discusses treatment options with a patient.



Vishal Sarwahi, MD discusses patient outcomes with Adam Wollowick, MD.



A patient prepares for x-rays at Montefiore

When children are done growing, typically toward the end of adolescence, the growth plates close and are replaced by solid bone.

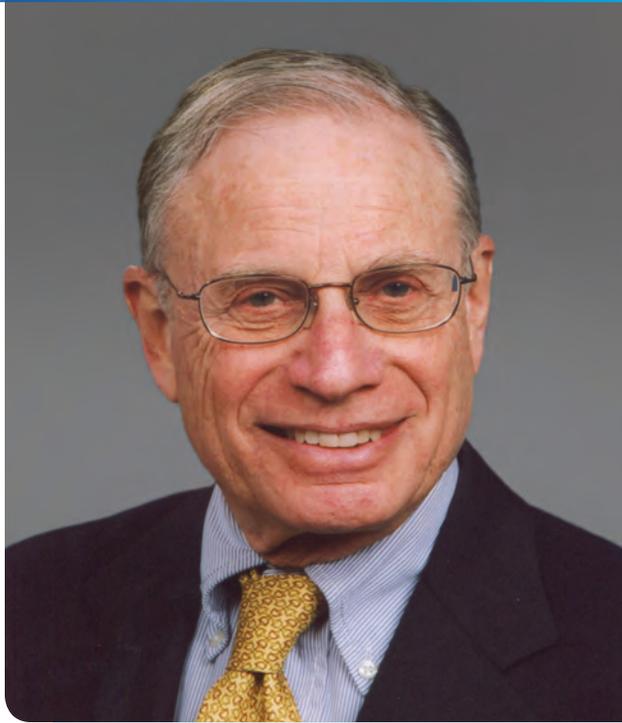
“Growth plates are the weakest areas of the growing skeleton, weaker than nearby ligaments and tendons that connect bones to other bones and muscles in the body,” says Dr. Sarwahi. “As a result, they are more vulnerable to injury.” Injuries to the growth plate, called fractures, are often caused by repetitive stresses or sudden impacts associated with sports. In addition to an increase in injury to the joints of the body, there has also been an increase in serious lower back injuries. Young athletes sustaining what in professional sports are considered devastating lower back injuries and stress injuries that keep professional athletes out of play for months. Lower back injuries are the third most common injuries among athletes under 18, according to a recent study by Neeru Jayanthi, MD, Associate Professor of Orthopedic Surgery at Loyola Medicine in Maywood, Illinois. Nearly 40 percent of these injuries are severe enough to sideline children for one to six months and put them at future risk for long-term back problems. The primary course of treatment for a back injury is to remain still and rest. To avoid increasing the likelihood of children sustaining sports injuries, doctors advise against specializing in one sport until later in adolescence, with early-age introduction to the sport and late-age specialization of it. More free play, diversifying the sports being played and less intensive training for younger kids should also help prevent serious injury. “Should a sports-related injury occur, in most cases a good medical history and physical exam by an adolescent sports medicine expert will help provide an accurate diagnosis,” says Dr. Sarwahi. “Swelling, pain and loss of function are not normal, and not all serious injuries result from major trauma. Injuries that appear minor can have serious consequences and should be examined by a proper medical professional. Due to the complexity and variety of injuries in a growing body, it is vital that young athletes are evaluated by doctors specializing in pediatric sports. Children are not small adults, and expertise in dealing with growing skeleton, especially where physis is involved or can be damaged during surgery, is very important. A growing number of adult surgeons are referring young athletes to those with pediatric expertise and experience. CHAM is one of the busiest centers in the tri-state area managing pediatric injuries. Having an experienced and skilled team is the most important factor in a young athlete’s proper recovery.” ●

“The increase in adolescent sports-related injuries has grown noticeably in recent years.”

– Vishal Sarwahi, MD



To learn more about or to support adolescent sports medicine at Montefiore, please visit [givetomontefiore.org/orthopaedics](https://www.givetomontefiore.org/orthopaedics), or contact Christy O’Keefe at cokeefe@montefiore.org or 718-920-8985.



James Scheuer, MD

Former Chief, Cardiology
and Chair, Medicine
Montefiore
Distinguished Professor Emeritus,
Medicine
University Chairman Emeritus, Medicine
Einstein

Dedicated to a Legacy of Learning and Professional Growth: JAMES SCHEUER, MD

WHAT SHAPED YOUR DECISION TO MAKE INTERNAL MEDICINE AND CARDIOLOGY THE FOCUS OF YOUR CAREER?

Internal medicine is the broadest field, and in my view, the most interesting in all of healthcare. The field includes preventive care and effective therapy, and permitted me the opportunity to have continuing physician-patient relationships throughout my time in practice. When I entered the field of cardiology, there were emerging advances taking place in catheterization, electrophysiology and prevention to treat a variety of conditions—congenital, rheumatic, atherosclerotic, heart muscle disease and hypertension, to name a few. The field was ripe for research, which I found both challenging and intellectually rewarding.

HOW DID YOU COME TO MONTEFIORE?

I grew up in New York, and after graduating from Yale Medical School I pursued training in clinical care at Mount Sinai and in research at Cornell University and the University of Pittsburgh. As a young faculty member at Pitt, I gained national recognition as having established an innovative cardiac investigative program. I saw the alliance between Montefiore, a hospital serving the Bronx, and Albert Einstein College of Medicine, a major research institution, as a place to combine my interests. When I first started at Montefiore, the two institutions were separate, but were on the threshold of increasing cooperation and collaboration so as to become a major academic consortium. An additional attraction was the opportunity to provide an underserved population with the very best medical care.

WHAT WAS MONTEFIORE LIKE WHEN YOU FIRST STARTED HERE, AND HOW HAS IT CHANGED OVER THE YEARS?

When I came to Montefiore as Chief of Cardiology in 1972, there were three full-time members of the Division, aided by a wonderful group of voluntary

“The next wave of leaders in cardiology will need to be wonderful clinicians and teachers, as well as being specially trained and productive cardiovascular investigators.”

– James Scheuer, MD

or part-time cardiologists. The Division had an excellent record of clinical care and training and a strong output of descriptive clinical research. However, modern investigative techniques and sophistication were passing it by. Cardiology research nationally was moving ahead into more basic aspects that would lead to our understanding of mechanisms of disease and contributing to the tremendous improvements in care and a decrease in cardiovascular mortality. I was provided with funding to grow the Division and bring in investigators and clinicians, and to establish laboratories in biochemistry, physiology, and later clinical electrophysiology and echocardiography. I was also able to attract research grants from the American Heart Association and the National Institutes of Health. Later, Einstein recruited one of the world’s most prominent cardiac investigators, Edmund Sonnenblick, MD, with whom I collaborated in research and training. Together, with Leslie Leinwand, PhD, we developed one of the country’s first and most prominent molecular cardiology programs, training and launching the careers of a number of today’s leaders in cardiology.

WHY IS THE PHILANTHROPIC WORK AT MONTEFIORE IMPORTANT, AND WHAT CHANGES HAVE YOU SEEN AS A RESULT OF DONOR CONTRIBUTIONS?

Over the past 50-plus years the mortality rate from cardiovascular disease in the United States has diminished by about 40 percent. That is the most successful improvement in any noninfectious disease category. In my opinion, this is the direct result of the kind of collaborative research and training model that has developed at Montefiore and Einstein, one that requires excellence in clinical teaching

and exemplary clinical care, and the opportunity for young cardiologists to become productive investigators. Unfortunately, much of the funding from various institutions is no longer available or exists in a diminished capacity, but philanthropy and donations to Montefiore help to fill the void.

WHY DID YOU AND YOUR WIFE DECIDE TO ESTABLISH THE RUTH AND JAMES SCHEUER ENDOWMENT IN CARDIOLOGY?

My wife and I established the fund in order to support special training in research for future cardiologists at Montefiore. The next wave of leaders in cardiology will need to be wonderful clinicians and teachers, as well as being specially trained and productive cardiovascular investigators. The endowment seeks to assist in providing adequate time, resources and the educational environment for them to persist and succeed. Our hope is that they will bring credit to Montefiore, but also play a role in maintaining the trajectory of improving cardiovascular health in the Bronx, in the tri-state region and around the world. ●

To support the Ruth and James Scheuer Endowment in Cardiology, please contact Sheila Wolfinger at swolfing@montefiore.org or 718-920-5955. Visit givetomontefiore.org/heart or call the Office of Development at 718-920-6656 to learn more about how you can support the Montefiore Einstein Center for Heart and Vascular Care.

A Comprehensive Approach to Care

Physicians develop individualized treatment plans to combat adolescent patient's thyroid disease

Sheryl Crockett-Tishman's 17-year-old son Gabe is passionate about tennis and competes in the sport at the national level. "Last year, we noticed that he was physically struggling and out of breath during games," says Ms. Crockett-Tishman. Even though he would sleep well at night, he would be tired during the day at school. As Gabe's fatigue persisted, Ms. Crockett-Tishman took him to see his pediatrician, thinking that he might have mono or Lyme disease.

The lab results came back from the pediatrician, showing that Gabe had Graves' disease. An autoimmune disease, Graves' disease most commonly affects the thyroid gland, leading to insomnia, hyperactivity and muscle weakness. Graves' disease is often accompanied by an increase in heart rate that may lead to further heart complications, including loss of the normal heart rhythm, which can lead to stroke.

"We were advised by our pediatrician to find a pediatric endocrinologist," says Ms. Crockett-Tishman. "We did our research and got referrals, and determined that we wanted Rubina A. Heptulla, MD, at the Children's Hospital at Montefiore to treat our son. Our pediatrician confirmed that Montefiore is known to have the best doctors."

"Gabe had a high heart rate and was eating well, but losing weight," says Dr. Heptulla, Chief, Division of Endocrinology, Children's Hospital at Montefiore, and Professor, Pediatrics, Albert Einstein College of Medicine. "Many disorders need to be treated comprehensively, especially thyroid diseases, because the thyroid is a gland that affects many parts of the body." Montefiore physicians developed a treatment plan for Gabe using radioactive iodine therapy.

"Radioactive iodine is very specific for the thyroid gland," says Dr. Heptulla. "When treating Graves' disease, iodine is concentrated in the thyroid gland, so it doesn't go to any other organs."

But Ms. Crockett-Tishman was worried about the side effects and future health implications of the treatment. "Dr. Heptulla and her staff explained everything and helped put our worries at ease," she says.

After being properly treated for Graves' disease, Gabe is now on thyroid replacement therapy, taking one small pill a day. He comes back to CHAM for lab tests and evaluation every three



Rubina A. Heptulla, MD

to four months. He is doing well, is able to stay awake and concentrate at school, and continues to play tennis competitively.

"The Tishman family could have gone anywhere in the country for treatment, but they chose Montefiore because of our comprehensive program and treatment, and what we have to offer," says Dr. Heptulla.

"We can't say enough about Montefiore," says Ms. Crockett-Tishman. "If you or your child has any questions, Montefiore has answers. We felt like we left there knowing we were on the right path. I am very happy we chose Montefiore." ●

To learn more about or to support the Division of Endocrinology and Diabetes at Montefiore, please visit www.cham.org/diabetesprograms, or contact Christy O'Keefe at cokeefe@montefiore.org or 718-920-8985.



Jennie Emil and her father, the late Arthur D. Emil

DONOR:

Jennie Emil

FOCUS:

The Arthur D. Emil Caregiver Support Center at Montefiore

WHY SHE GIVES:

In honor of her family's long history with Montefiore

Jennie Emil

For Jennie Emil, Montefiore truly represents a part of her family's legacy. Her grandfather, Alan D. Emil, was an attorney and real estate developer in New York who joined the Board of Trustees at Montefiore at the request of then President Martin Cherkasky. Her father, Arthur D. Emil, was a devoted Montefiore Trustee for nearly 30 years, chairing the real estate committee and serving on the medical committee during his tenure. His commitment and devotion to the medical center left an indelible mark on Ms. Emil. "Being a third-generation Board member at Montefiore is a great honor and privilege," says Ms. Emil. She remembers visiting Montefiore with her father during the late 1960s and early 1970s. Even then, she recalls, Montefiore was embracing the future of patient-centered care. "I distinctly remember programs being offered in alternative medicine such as acupuncture, which was very progressive at the time," says Ms. Emil. "Having a medical center like Montefiore providing exceptional care to the immediate community and the tri-state region, along with being in tune with the needs of the local population and how to address those needs, is nothing short of awe-inspiring."

One of the ways that Ms. Emil and her family give back to Montefiore has been through the establishment of the Arthur D. Emil Caregiver Support Center (CSC). It's estimated that 46 million people in the United States, a majority of whom are women, provide unpaid care to a loved one. Founded in 2011 with a grant from the United Hospital Fund and named with a gift from the Emil family and Oded Aboodi, the CSC provides caregivers with emotional support, practical assistance and a quiet, private place to relax while their loved one is in the hospital. Through its experienced staff and resources, the CSC—the only one of its kind in a New York City academic medical center—offers assistance in navigating online resources within the Center, as well as connecting the caregiver to wider resources within the hospital and the wider community. "The success of the CSC since its inception has been wonderful," says Ms. Emil. "Taking care of a sick family member or loved one is stressful, so anything we can do to help alleviate some of that stress is important." ●

"Having a medical center like Montefiore providing exceptional care to the immediate community and the tri-state region, along with being in tune with the needs of the local population and how to address those needs, is nothing short of awe-inspiring."

— Jennie Emil

To support the Arthur D. Emil Caregiver Support Center at Montefiore, please visit www.montefiore.org/caregiversupport or call the Office of Development at 718-920-6656.



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Naples, Florida
Advanced
Reconstructive Care
(ARC) Reception
March 23, 2014
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Celebrate
Montefiore Gala
October 23, 2013
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Montefiore Expands Integrated Delivery System in Westchester and Bronx

“We plan to revitalize healthcare delivery in New Rochelle and Mount Vernon by keeping care local and bringing Montefiore’s expertise as an integrated healthcare delivery system and academic medical center.”

– Steven M. Safyer, MD



Montefiore New Rochelle



Montefiore Mount Vernon

To support Montefiore Mount Vernon, please visit www.givetomontefiore.org/mv. To support Montefiore New Rochelle, please visit www.givetomontefiore.org/nr or visit Accents on Antiques, 125 Wolfs Lane Pelham, New York, 10803, 914-637-1195. To learn more about how you can get involved, please contact Bess Chazhur at bchazhur@montefiore.org or 718-920-5970.

Last November, Montefiore added three institutions formerly affiliated with the Sound Shore Health System to its network of healthcare facilities—Montefiore New Rochelle, Montefiore Mount Vernon and the Schaffer Extended Care Center. Montefiore is now providing patients at these sites integrated access to its notable Centers of Excellence in Pediatrics, Cancer, Heart and Vascular Care, and Transplantation. All community services and programs, as well as the majority of jobs, were preserved during this transition. In addition, nursing students are able to continue their education at the School of Nursing, located at Montefiore Mount Vernon.

“We plan to revitalize healthcare delivery in New Rochelle and Mount Vernon by keeping care local and bringing Montefiore’s expertise as an integrated healthcare delivery system and academic medical center,” says Steven M. Safyer, MD, President and Chief Executive Officer, Montefiore. “We will build on each hospital’s strengths and expand ambulatory care to improve the health of the community. I am particularly excited we are able to continue the School of Nursing and advance nursing excellence.”

Montefiore has invited all physicians previously affiliated with Sound Shore Health System to apply for an appointment to practice at Montefiore New Rochelle and Montefiore Mount Vernon. Most of these physicians and their staff have been working in the Westchester community for years and have an intimate knowledge of their patients’ needs. The medical residency program will also continue at Montefiore New Rochelle, but residents will be part of the Albert Einstein College of Medicine residency program.

“Montefiore is committed to aligning efforts with private practice physicians. They are an integral part of both hospitals,” says Andrew D. Racine, MD, PhD, Senior Vice President, Chief Medical Officer and Executive Director, Montefiore Medical Group. “These physicians serve their communities well, and we look forward to working with them to ensure uninterrupted care.”

Montefiore has hired all eligible and qualified staff and has worked closely with 1199SEIU, NYSNA and Teamsters Local 445 to ensure a smooth transition. With the addition of the newly hired staff, Montefiore now employs nearly 23,000 associates.

Montefiore plans to make infrastructure improvements that will enhance efficiency and patient experience at all three locations. Montefiore also has two existing business campuses located in Westchester County, Yonkers and Tarrytown, where more than 1,600 associates currently work. Later this year, Montefiore plans to open a new pathology lab in Mount Vernon with an additional 300 employees. ●



Evan S. Garfein, MD

Montefiore's ARC Program Seeks to Centralize Montefiore's Reconstructive Surgery Process

The Montefiore Advanced Reconstructive Care Program (ARC) is dedicated to providing state-of-the-art, coordinated care to patients with significant reconstructive surgical needs. Founded in 2013, the goal of the ARC program is to improve the care of patients with the most complicated surgical problems through a collaborative effort of medical and surgical specialists.

"By working with top-tier doctors from a variety of specialties, including head and neck surgery, neurosurgery, orthopaedic surgery, radiology and oncology, to name just a few, we're able to make well-informed decisions and create a comprehensive treatment plan for each individual patient in our care," says Evan S. Garfein, MD, Director, Program for Advanced Reconstructive Care, Montefiore and Assistant Professor of Surgery and Otorhinolaryngology, Einstein. "The goal at ARC is to provide world-class care for patients whose problems demand multiple specialists, working closely together, on the most complex clinical issues."

Often, the treatment of cancer, trauma or congenital disease requires multiple-staged surgical procedures, staggered over several months or even years. For example, patients with large or complex tumors may require separate experts to surgically remove the cancer, reconstruct the resultant defect and then provide radiation to the tumor bed to reduce the chance that remaining tumor cells will regrow. Sometimes, the primary treatment generates secondary problems that can be as

or more complicated. These patients may experience loss of function that compromises their ability to perform routine daily life activities such as eating, speaking and walking, making something as simple as getting to and from doctor appointments in a timely fashion much more difficult. To effectively address these complex issues and allow patients to focus on healing, Montefiore's exceptional team of support staff assist patients and their families with the seamless coordination and implementation of care for the entire duration of their treatment. Scheduling appointments, processing medical referrals and coordinating physical and occupational therapy schedules are all part of the support the ARC program affords patients.

"Montefiore is a hospital delivering world-class care," says Dr. Garfein. "ARC is an important collaboration among all of our surgical departments, and has been created through the support of the chairs of these departments. We're very excited to continue working together within the framework of the ARC program for the benefit of those we serve." ●

To support Montefiore's Advanced Reconstructive Care Program, please visit www.montefiore.org/arc or contact Christy O'Keefe at cokeefe@montefiore.org or 718-920-8985.



Office of Development

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The We Are Montefiore employee campaign invites each associate to make a personal donation to support Montefiore's legacy as one of the country's leading academic medical centers.

Nearly 23,000 strong, Montefiore associates have the power to impact the programs and services patients rely on. By coming together as a Montefiore family, we can make a big difference in the lives of many in our community. No gift is too small—from \$1.00 to \$10,000. Our goal is 100 percent participation, and everything you give goes toward improving the lives of our patients.

You make Montefiore the incredible place that it is. Thank you for joining us in support of the We Are Montefiore campaign.

Want to learn more?

Visit www.montefiore.org/weare
or call the Office of Development at 718-920-6656.
